



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3418

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 10/617,881 | FILING OR 371(c) DATE 07/14/2003 RULE | CLASS 607 | GROUP ART UNIT 3766 | ATTORNEY DOCKET NO. 06809.0018-03000 |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS

Randy Westlund, Minneapolis, MN;
 Bruce Tockman, Scandia, MN;
 Gwen Crevensten, Minneapolis, MN;
 Lili Liu, White Bear Lake, MN;
 Christopher M. Zerby, New Brighton, MN;

**** CONTINUING DATA *******

This application is a CON of 09/738,590 12/15/2000 PAT 6,634,364
 and is a CIP of 09/970,195 10/02/2001 PAT 6,901,288
 which is a CON of 09/579,765 05/26/2000 ABN
 which is a DIV of 09/133,310 08/12/1998 PAT 6,240,321

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 10/14/2003**

| | | | | | |
|--|--|-------------------------------|----------------------------|--------------------------|--------------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____ | STATE OR COUNTRY MN | SHEETS DRAWING 7 | TOTAL CLAIMS 1 | INDEPENDENT CLAIMS 1 |
|--|--|-------------------------------|----------------------------|--------------------------|--------------------------------|

ADDRESS

22852

TITLE

SEAL FOR USE WITH MEDICAL DEVICE AND SYSTEM

| | | |
|------------------------------------|---|---|
| FILING FEE RECEIVED 1378 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|------------------------------------|---|---|